

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187
Expires Jun 30, 1997

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Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT/PURCH ORDER NO. N00383-01-G-004H		2. DELIVERY ORDER NO. UBK7		3. DATE OF ORDER (YYMMDD) 2004 FEB 18		4. REQUISITION/PURCH REQUEST NO. YPC03352000135		5. PRIORITY DOA1			
6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAC (614)692-7512 / FAX: (614)692-5269 E-mail: Dorinda.Conner@dla.mil			CODE SP0700		7. ADMINISTERED BY (If other than 6) DCMC BOEING ST LOUIS M/C 3061355 PO BOX 516 ST LOUIS MO 63166-0516			CODE S2606A			
9. CONTRACTOR MCDONNELL DOUGLAS CORP SUB OF BOEING CO THE J S MCDONNELL BLVD P.O. BOX 516 SAINT LOUIS MO 63166-0516 Vendor's Copy was sent EDI. Do not Duplicate shipment.			CODE 76301		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 407 DAYS ARO		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
NAME AND ADDRESS							12. DISCOUNT TERMS NET 30 days		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
							13. MAIL INVOICES TO See Block 15				
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6			CODE		15. PAYMENT WILL BE MADE BY ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203 EFT: T			CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. TYPE OF ORDER	DELIVERY <input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.	
	PURCHASE	Reference your offer dated 2004 FEB 11, DSCC-016-13881 and furnish the following on terms specified herein.	
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.			

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE

CG: 97X4930 5CC0 001 26.0 S33150

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.	TOTAL: 3			

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: <i>John L. Jackson</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ 5315.07
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	28. D.O. VOUCHER NO.	29. DIFFERENCE
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	32. PAID BY	30. INITIALS
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER
				42. S/R VOUCHER NO.

CONTINUATION SHEET

Order Number:

N00383-01-G-004H-UBK7

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SECTION B

PR YPC03352000135
NSN 3040-01-264-5616

ITEM DESCRIPTION:

SHAFT, SHOULDERED
STEEL MATERIAL; 15.640 IN. LONG OVERALL; 1.000
IN. LARGEST STEP DIAMETER.
END ITEM: F/A-18 HORNET AIRCRAFT

"ASO/NAVSEA/AVSCOM CRITICAL ITEM"

CRITICAL APPLICATION ITEM

MCDONNELL DOUGLAS CORP (76301) P/N 74A731024-2003

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03352000135	0001	3	EA	\$1771.69000	\$5315.07

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 42: CLNG/DRY = 1: PRESV MAT = 01:
WRAP MAT = GH: CUSH/DUNN MAT = NA: CUSH/DUNN THKNES = F:
UNIT CONT = XX: OPI = O:
INTRMDTE CONT = XX: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E
DATED 3029

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2005 MAR 31

PARCEL POST ADDRESS:

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SECTION B

W25G1U
XU TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113 134
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

W25G1U
TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113-134
NEW CUMBERLAND PA 17070-5001

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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